

TRANSMITTAL FORM

Application Serial Number	09/646,741
Filing Date	September 18, 2000
First Named Inventor	Rudduck
Group Art Unit	3679
Examiner Name	Thompson, K.
Attorney Docket No.	CMM-009 (5352/10)
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED

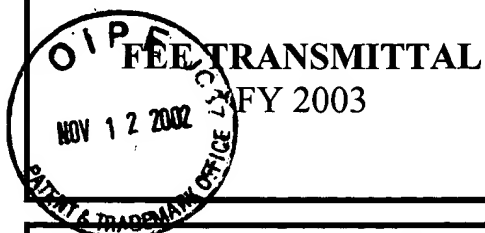
NOV 14 2002

ENCLOSURES (check all that apply)

GROUP 3600

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (AH-AW)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted, Date: November 8, 2002 Reg. No. 50,749 Tel. No.: (617) 310-8081 Fax No.: (617) 248-7100 Leigh J. Martinson Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110



Complete if Known	
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METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input type="checkbox"/> Overpayment Credit.			
3. <input type="checkbox"/> Applicant claims small entity status.			
FEE CALCULATION			
1. FILING FEE			
Large Entity			
Fee (\$)	Fee Description	Fee (\$)	Fee Paid
740	Utility filing fee	130	65
330	Design filing fee	50	25
160	Provisional filing fee	130	130
		2,520	2,520
		110	55
		400	200
		920	460
		1440	720
		1960	980
		320	160
		320	160
		280	140
		130	130
		180	180
		740	370
		740	370
		100	100
		Other fee (Specify) _____	
		Other fee (Specify) _____	
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)		SUBTOTAL (3) (\$)	
2. AMENDMENT CLAIM FEES		SUBTOTAL (1)	
Claims	Highest No. Present	Rate	Fee Paid
Remaining	Previously	Extra	
After Amend.	Paid For		
Total	-	=	x \$ 18.00 =
Indep.	-	=	x \$ 84.00 =
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =
TOTAL: (\$)		SUBTOTAL (2)	
SMALL ENTITY DISCOUNT: (\$)		TOTAL (\$)	
SUBTOTAL (2) (\$)			
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted, Leigh J. Martinson Agent for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110	